

**STATE OF COLORADO  
DIVISION OF ADMINISTRATIVE HEARINGS**

Workers' Compensation No. WC \_\_\_\_\_

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**PETITION TO REVIEW**

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*In the Matter of the Workers' Compensation Claim of:*

\_\_\_\_\_,'

Claimant

v.

\_\_\_\_\_,'

Employer, and

\_\_\_\_\_,'

Insurance Carrier.

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TO THE DIVISION OF ADMINISTRATIVE HEARINGS AND ALJ :

The ( ☐ claimant/ ☐ employer/ ☐ insurance carrier) petitions for review the order of the Administrative Law Judge (ALJ) issued on \_\_\_\_\_ (mo/day/yr).

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following ground(s):

*(Set forth in detail the particular errors and your objections to the order. You may attach additional pages):*

The undersigned wishes to order and pay for the following transcript(s) as part of this Petition for Review:

Date(s) of Hearing(s):

Room, and Time the hearing began:

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### **CERTIFICATE OF MAILING**

I hereby certify that a copy of this document has been mailed to the ALJ and to the following parties, at the addresses shown, on the date below:

**ALJ:** \_\_\_\_\_

**Opposing Party or Attorney**

**Division of Administrative Hearings**

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Mailed on the \_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner or Attorney

\_\_\_\_\_  
Petitioner's Name and Address (Printed)

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